



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

www.sos.georgia.gov/plb/lpn

APPLICATION FOR LICENSURE BY ENDORSEMENT GENERAL INSTRUCTIONS

***** WHEN MAILING APPLICATION TO BOARD OFFICE, PLEASE MAIL IN A 9X12 ENVELOPE & DO NOT STAPLE OR FOLD APPLICATION.*****

Applicant: It is illegal to practice as a licensed practical nurse in Georgia unless you have an active (current) license issued by this board. Please read these instructions before completing the application and keep the instructions for your reference. Please refer to Board's website for the Rules and Laws pertaining to licensure requirements.

LICENSURE INFORMATION: In order to be eligible for licensure by endorsement in Georgia, you must meet these requirements.

1. You must be licensed as a practical nurse (or vocational nurse) under the laws of another state or territory of the United States. (O.C.G.A. §43-26-38: Law and Rules) The licensure requirements by which you received licensure should reflect that:
 - ✓ You received a degree or diploma from an approved nursing education program as defined in O.C.G.A. §43-26-32(1.1).
 - ✓ The applicant must be at least 18 years of age and in good physical and mental health.
 - ✓ The applicant must be a high school graduate or have a General Education Diploma. (GED)
2. You must have passed the National Licensing Examination. (SBTPE or NCLEX-PN or NCLEX-CAT FOR PN) There are no exceptions.
3. Verification of active practice within the five (5) year period immediately preceding your application date by submission of one of the following:
 - Three (3) months or five-hundred (500) hours of paid licensed practice as a practical/vocational nurse within five (5) years immediately preceding the date of your application; or
 - Graduation from a nursing education program within one (1) year immediately preceding the date of your application; or
 - Any Applicant who was initially licensed within (1) year from date of application; or
 - Completion of a Board approved refresher program within five (5) years of the date of your application (Requires pre-approval by the Board).
4. Additional requirements for licensure in Georgia include:
 - ✓ You must hold a current license in good standing from another state.
 - ✓ You must not be otherwise disqualified under O.C.G.A. §43-26-40.

✓	YOU MUST SUBMIT THE FOLLOWING REQUIRED DOCUMENTS WITH YOUR :	
	APPLICATION FEE (nonrefundable)	Please refer to fee schedule for appropriate fee. The nonrefundable fee must accompany each application. Applications received without the fee or with an incorrect fee will be returned without review. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
	APPLICATION	Type or print in ink. You must respond to all questions and requests on the application or it will be returned for you to complete. You must use your legal name; nicknames or initials will not be accepted. Include a recent passport-type photograph. (Head and neck of the applicant only taken within the last 60 days. No copier or digital pictures.) Be sure to sign the application and have it notarized.

CRIMINAL BACKGROUND CHECK	Criminal background checks are required by O.C.G.A. § 43-26-36 for each application submitted. Refer to the Georgia Board of Examiners of Licensed Practical Nurses website at www.sos.ga.gov/plb/lpn under “Download Forms” for “Instructions for Applicants in the State of Georgia to Obtain Fingerprints for a Background Check” and “Instructions for Out of State Applicants to Obtain Fingerprints for a Background Check.” Both in state and out of state applicants must register with Cogent Systems and follow the guidelines found at their website at www.ga.cogentid.com . *DISCLAIMER: The Georgia Board of Examiners of Licensed Practical Nurses is not responsible for unacceptable or rejected fingerprints submitted; it is the vendor’s responsibility to provide acceptable fingerprints.
VERIFICATION OF EMPLOYMENT	Submit the Verification of Employment form to your most recent employer (DON, Personnel Director, or Human Resources Department) who can provide verification of your practice as a LPN within the last five years. This form <u>MUST be completed and mailed by your employer DIRECTLY to the board office</u> . If you are unable to provide proof of 500 hours or 3 months of compensated practice within the last five years, you will not be eligible for endorsement without completion of a board approved refresher program. If you have not practiced for financial compensation for five (5) to eight (8) years prior to the date of application, you must complete a board approved refresher program which consists of 80 hours of didactic (classroom) instruction and 80 hours of clinical practice. If you have not practiced for compensation for a period of eight (8) to ten (10) years prior to the date of application, you must complete a board approved refresher program which consists of 80 hours of classroom instruction and 160 hours of clinical practice. (Clinical practice hours must cover nursing practice, geriatrics, pediatrics, HIPAA, medications, universal precautions, MRSA, HIV, rules, documentation, ethics, IV therapy, dialysis, patients’ rights, restraints and their proper usage.) If you have not practiced for compensation in excess of 10 years, your application will be evaluated for additional requirements, in accordance with the law, on a case by case basis at the Board’s discretion.
VERIFICATION OF ORIGINAL LICENSE	All applicants must submit verification from the state where originally licensed. Complete Part I of the VERIFICATION OF ORIGINAL LICENSE form and submit it to the state where originally licensed. As there may be a fee due to that state, contact that state to find out. Request the state to return the form DIRECTLY to the Board office. If you need verification from a state that participates in Nursys you must complete the Nursys’ License Verification form available at < http://www.nursys.com >.
VERIFICATION OF ALL CURRENT LICENSES	All applicants must submit verification from all states where a current license is held. Complete Part I of the VERIFICATION OF LICENSE form and submit it to the state where you are currently licensed. There may be a fee due to that state, contact that state to find out. Request the state to return the verification form DIRECTLY to the Board office. If you need verification from a state that participates in Nursys you must complete the Nursys’ License Verification form available at < http://www.nursys.com >.
NURSING EDUCATION	Applicants are required to submit a copy of their official transcript. Applicants must have graduated from an approved nursing education program as defined in O.C.G.A. §43-26-32(1.1).
LETTER OF EXPLANATION	If you responded “yes” to any question in Section III: Background information, you must submit a letter of explanation.
FINAL DISPOSITIONS	If you responded “yes” to question 14, 15, 16, 17 you must submit a copy of the final disposition of the matter.
CREDENTIAL EVALUATION	If you graduated from an International nursing program, you must have your educational credentials evaluated <u>for practical nursing</u> . This process may take up to one year; you are encouraged to complete the credential evaluation for practical nurses before making application for licensure with Georgia. The contact information for the approved agency is below. Please note that international practical nursing education programs must meet the definition of an approved nursing education program as defined in O.C.G.A. §43-26-32(1.1).
CALCULATION OF CLOCK HOURS	Anyone who graduated from a VN/PN program or international program or was originally licensed by equivalency (or challenge) must have the nursing program where you received your nursing degree or diploma complete the Calculation of Contact Clock Hours Form along with an official transcript. Request the school to mail directly to Board office.
ADDRESS AND NAME CHANGES	Address changes should be made via the website www.sos.ga.gov/plb . The post office does not forward mail from the board. All name changes must include a <u>copy</u> of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)
CREDENTIAL AGENCIES	Commission on Graduates of Foreign Nursing School (CGFNS) 3600 Market Street Suite 400 Philadelphia, Pennsylvania 19104-2651 Telephone: (215) 349-8767

FOR BOARD USE ONLY	
Amount Submitted	_____
Date	_____
Receipt #	_____



FOR BOARD USE ONLY	
Certificate Number	_____
Date Issued	_____
Applicant No.	_____

GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440

www.sos.georgia.gov/plb/lpn

APPLICATION FOR LICENSURE - ENDORSEMENT LICENSED PRACTICAL NURSE

Application Fee: \$75.00 (non-refundable)

Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. § 16-9-20.

SECTION I: PERSONAL INFORMATION

1. **NAME**

LAST FIRST MIDDLE MAIDEN

2. **NAME** as shown on documentation or transcripts

(if different):

LAST FIRST MIDDLE MAIDEN

3. **SOCIAL SECURITY NO.**

DATE OF BIRTH

(THIS INFORMATION IS AUTHORIZED TO BE OBTAINED AND DISCLOSED TO STATE AND FEDERAL AGENCIES PURSUANT TO O.C.G.A. §§19-11-1 & 20-3-295, 42 U.S.C.A §§551, 20 & 101)

4. **ADDRESS**

PHYSICAL/HOME ADDRESS – P.O. BOX NOT ACCEPTABLE

APT #

CITY

STATE

ZIP

*Pursuant to O.C.G.A. §43-1-2 (k) your name, mailing address and license number are public information and will appear on the Secretary of State's website.

5. **ADDRESS**

MAILING ADDRESS – IF DIFFERENT

APT #

CITY

STATE

ZIP

6. **DAYTIME PHONE**

OTHER PHONE

7. E-Mail Address: _____

8. _____ I am a U.S. citizen

9. **APPLICANT AFFIDAVIT:** I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of _____, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable**

Document(s) such as driver's license, passport, or other document as indicated on page ____ of the application.

- 2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of _____ and/or criminal prosecution.

SECTION II – PROFESSIONAL INFORMATION

10. DID YOU GRADUATE FROM HIGH SCHOOL OR OBTAIN A GED? _____

11. BASIC NURSING EDUCATION: (Indicate appropriate program)

☐ VN/PN PROGRAM ☐ RN/ADN PROGRAM

***NOTE:** A copy of your official transcript must be submitted.

12. NAME OF NURSING SCHOOL _____

Address of School _____ City _____ State _____ Zip _____

Did you graduate? ☐ NO ☐ YES, give date of graduation _____ Diploma/Certificate? _____

***NOTE:** Applicant must have graduated from an approved nursing education program as defined in O.C.G.A. §43-26-32(1.1).

13. LIST STATE(S) OF LICENSURE AS LPN/VN (Include additional sheets if necessary)

State Originally Licensed	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other State License	_____	License No.	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

14. LIST OTHER LICENSE(S) OR CERTIFICATION(S) YOU HAVE EVER HELD:

Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Type	_____	Number	_____	State	_____	Current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

15. HAVE YOU WORKED AS A LICENSED PRACTICAL NURSE WITHIN THE LAST FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION?

☐ **NO** - If no, submit the last date of LPN employment _____

☐ **YES** - If yes, Submit the Verification of Employment form (page 8) to your most recent Employer to verify 500 hours or 3 months of paid Licensed Practical Nurse practice and list all past LPN employment within the last five years (LPN practice must have been paid and under the supervision of a RN, physician, podiatrist or dentist.) Your Employer must mail this form directly to the Board. Section II of the Verification of Employment form must be completed by your employer. The form will not be accepted if completed by the applicant.

**** List place of employment on the application below:**

Practice Year	LPN Practice (yes or no)	Hours practiced in year	Place of LPN practice: Name of Agency, city, state	Duties
	<input type="checkbox"/> YES <input type="checkbox"/> NO			

	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION III: BACKGROUND INFORMATION

If you answer yes to any of the following questions, please attach a letter of explanation. For questions 17, 18, 19 and 20 submit the letter of explanation and a certified copy of the official document that indicates the final disposition of the action, (such as court indictment, police record, certified warrant/court dismissal, verdict of first offender treatment). You are expected to read each question carefully, completely and update the information, if necessary. You will be asked to certify under oath that the answers are true and correct. Failure to answer these questions truthfully and to update the information may be grounds for denial of your application or other disciplinary action against you.

16. ☐ YES ☐ NO HAVE YOU EVER APPLIED FOR LICENSURE IN GEORGIA? If yes, submit a letter of explanation.
17. ☐ YES ☐ NO HAS ANY LICENSE OR CERTIFICATION ISSUED TO THE APPLICANT BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE HAD ACTION TAKEN AGAINST IT OR BEEN REVOKED OR INVESTIGATED OR SUSPENDED, DISCIPLINED OR OTHERWISE SANCTIONED? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.
18. ☐ YES ☐ NO HAVE YOU EVER BEEN DENIED ISSUANCE OF OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.
19. ☐ YES ☐ NO HAVE YOU EVER FAILED TO RENEW ANY LICENSE OR CERTIFICATION ISSUED TO YOU BY ANY BOARD OR AGENCY IN GEORGIA OR OTHER STATE BECAUSE OF PENDING DISCIPLINARY ACTION OR INVESTIGATION? If yes, submit a letter of explanation and a certified copy of the official document that indicates the final disposition of the action.
20. ☐ YES ☐ NO HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY, MISDEMEANOR (OTHER THAN A MINOR TRAFFIC VIOLATION), CRIME INVOLVING MORAL TURPITUDE, OR A CRIME VIOLATING FEDERAL OR STATE LAW RELATING TO CONTROLLED SUBSTANCES OR DANGEROUS DRUGS? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). **NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.**
21. ☐ YES ☐ NO DO YOU HAVE ANY PHYSICAL DISABILITY WHICH WILL IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE NURSING? If yes, submit a letter of explanation.
22. ☐ YES ☐ NO HAVE YOU TAKEN THE NCLEX-PN? IF NO, INDICATE TYPE OF EXAM:

AFFIDAVIT

I hereby authorize the Georgia Board of Examiners of Licensed Practical Nurses to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. Under penalties of perjury, I declare and affirm that I am in good physical and mental health with no finding that should prohibit me from the performance of nursing duties and that the statements made in the foregoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure.

Signature of Applicant

Sworn to and subscribed before me this _____ day of _____, 20 ____.

State of _____ County of _____

Notary Public

My Commission Expires: _____ (seal)



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES

237 Coliseum Drive
Macon, Georgia 31217

VERIFICATION OF EMPLOYMENT BY APPLICANTS BY ENDORSEMENT

Applicant Instructions:

1. Complete Section I and sign.
2. Submit this form to your most recent **employer (DON, Personnel Director, Human Resources Department)** who can provide verification of your practice as a LPN within the last five years. Ask the employer to complete the form and place it in a sealed envelope by them for you to be submitted with your application.
3. If you are unable to provide proof of 500 hours of practice within the last five years, you will not be eligible for licensure without completion of a board approved refresher program.

Section I (To be completed by applicant)

*The name and address of your employer on this form must match the name and address you listed under "Employment History" on the application.

Printed Name of Applicant: _____
Last First Middle Maiden

Applicants Address: _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment to the Georgia Board of Examiners of Licensed Practical Nurses. I understand this information is required as part of the application for licensure process.

Signature of Applicant _____ Applicant Phone Number (s) _____

APPLICANT – DO NOT WRITE BELOW THIS LINE:

Section II (To be completed by person verifying employment):

Employer Instructions:

1. Complete Section II of this form.
2. Employment must have been for compensation and under the supervision of a RN, physician, podiatrist or dentist.
3. Return the form to the applicant in a sealed envelope.

1. Name of Facility/Business/Employer: _____ Phone Number: () _____

2. Physical Address of Location: _____
City State Zip

3. Employee's Position/Title: _____

4. Is an LPN license required for employment in this position? ☐ No Yes ☐

5. Employment Dates: From: _____ (mo/yr) - To: _____ (mo/yr)

LIST BELOW THE NUMBER OF HOURS WORKED PER YEAR AND Job Description: List below the number of hours worked per year and duties:

Year	Hours worked	Job Description

7. Printed name and title of person verifying employment: _____

8. I hereby certify that I am a custodian of records at _____ and the information submitted on this form is a true and correct representation of this applicant's file with our institution.

9. Signature of employer representative completing this form: _____ Date _____

Employer Representative's Signature Must Be Notarized

Sworn to and subscribed before me this

_____ day of _____, 20 _____.

(Notary Public)

My Commission Expires: _____

(Notary Seal)



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE * MACON GEORGIA * 31217-3858

VERIFICATION OF ORIGINAL LICENSE

APPLICANT: Complete Part I and submit the entire form to the state where you were originally licensed. A fee may be required by the state.

PART I

I, _____, HEREBY AUTHORIZE THE STATE OF _____ BOARD OF NURSING TO FURNISH TO THE GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES THE INFORMATION REQUESTED BELOW.

PHONE NUMBER _____ SIGNATURE _____ SOCIAL SECURITY NO. _____ LICENSE NO. _____
APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY

LICENSING AGENCY: The above applicant has applied for a license by endorsement to practice nursing as a Licensed Practical Nurse in Georgia. To meet the current requirements of the law, the Board is requesting that you complete Part II of this verification form and return it to the Board office as soon as possible. Thank you.

PART II

Did applicant present evidence of completion of high school or the equivalent?

☐ YES ☐ NO, indicate how much education was completed

Type license issued:

☐ LPN/VN

License no. _____

Date issued _____

☐ RN

License no. _____

Date issued _____

☐ OTHER

License no. _____

Date issued _____

Licensed by: ☐ Exam ☐ Endorsement ☐ Waiver ☐ Equivalency ☐ Grandfather Clause

License status : ☐ Current

Expiration date _____

☐ Inactive

Date of last renewal _____

☐ Lapsed

Date of last renewal _____

Name of nursing program completed _____

Was program a board approved practical nursing program?

☐ YES

☐ NO, please furnish details: _____

Did applicant write the NSBTPE or NCLEX-PN?

☐ YES, please indicate Score _____ Series _____ Required passing score _____

☐ NO, please indicate exam written _____ Score _____ Required passing score _____

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation)

☐ YES ☐ NO

Is the license pending disciplinary action currently under investigation? ☐ YES ☐ NO

REMARKS:

SIGNATURE

(BOARD SEAL)

TITLE

BOARD ADDRESS:

DATE

BOARD PHONE NO.



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 COLISEUM DRIVE * MACON GEORGIA * 31217-3858

PLEASE SEPARATE THIS FORM, COMPLETE PART I, SUBMIT THE ENTIRE FORM TO THE STATE WHERE YOU ARE CURRENTLY LICENSED. A FEE MAY BE REQUIRED BY THE STATE. REQUEST THE LICENSING AGENCY COMPLETE PART II AND MAIL THIS FORM DIRECTLY TO THE ADDRESS BELOW, NOT THE POST OFFICE BOX:

VERIFICATION OF CURRENT LICENSE

PART I

I, _____, HEREBY AUTHORIZE THE STATE OF _____ BOARD OF NURSING TO FURNISH TO THE GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES THE INFORMATION REQUESTED BELOW.

Current Phone No. _____ SIGNATURE _____ Social Security No. _____ License No. _____
APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY

LICENSING AGENCY: The above applicant has applied for a license by endorsement to practice nursing as a Licensed Practical Nurse in Georgia. Please furnish the Georgia Board the following information AND mail to Georgia Board of Examiners of Licensed Practical Nurses * 237 Coliseum Drive, Macon, Georgia 31217-3858

PART II

Licensed by: ☐ Exam ☐ Endorsement ☐ Waiver ☐ Equivalency ☐ Grandfather clause

License status: ☐ Current ☐ Inactive ☐ Lapsed
Expiration date _____
Date of last renewal _____
Date of last renewal _____

Licensee: _____ License Number: _____ Issue Date: _____

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) ☐ YES ☐ NO

Is the applicant currently under investigation? Yes () No ()

REMARKS: _____

(BOARD SEAL) SIGNATURE _____

TITLE _____

BOARD ADDRESS: _____

DATE _____

BOARD PHONE #: _____

NAME _____

ADDITIONAL INFORMATION SHEET – If you answered a question requiring additional information, please use the space below.

[illegible]



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

I hereby authorize the Georgia State Board of Examiners of Licensed Practical Nurses ("Board") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

- ☐ This authorization is valid for 90/180/____ (circle one) days from date of signature.
- ☐ I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

- ____ Working with mentally disabled
____ Working with elder care
____ Working with children

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS)(Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

(Print Name)

(Signature)

(Date)